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ABSTRACT

This nationwide study surveyed facilities in local Head Start programs in fall, 1990. A total of 602 of the 1,857 programs, or 32 percent, responded to the voluntary survey. The survey included questions on the type of program, enrollment, and budget; lease or rental arrangements and rental costs; numbers and conditions of centers and classrooms; facilities in serious need of remodeling or repairs and estimated costs of doing the work; estimated potential for enrollment expansion and additional centers and classrooms needed to serve all eligible children in the program's service area; and other information related to long-range planning for Head Start facilities. Results indicated that although the majority of facilities were generally satisfactory, one-third of the centers and other facilities should be replaced or require extensive repairs. The projected national cost of remodeling or repairs is $93 to $178 million. Results also showed that Head Start programs could more than double their enrollment if they were able to serve children in their service area who are otherwise unserved or who would benefit from Head Start Services. A sample survey is appended. (MM)

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Head Start Facilities Study

Conducted by
National Head Start Association

Prepared by
Raymond C. Collins, Ph.D.

February 1992

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Head Start Facilities Study

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Executive Summary

- The National Head Start Association (NHSA) conducted a survey of facilities in local Head Start programs during Fall 1990 with responses due in January 1991. A total of 602 or 32% of the 1,857 programs nationwide responded to the voluntary survey. This report presents the highlights of findings from the responding 50 states. Responses were also received from Puerto Rico, American Samoa and Guam. The District of Columbia did not respond to the survey.

- Average enrollment in reporting programs was 284, compared with an average nationwide enrollment in Head Start of approximately 285 children. The programs that responded to the facilities survey are similar in this and other important respects to the total universe of Head Start programs.

- The major study findings are:

  -- The majority of facilities are "generally satisfactory" based upon reports from the Head Start community. There is no empirical basis for concern that massive numbers of Head Start classrooms, centers and other facilities are in bad shape. On the whole, the physical environment for Head Start children is safe and developmentally appropriate.

  -- One-third of Head Start centers and other facilities "should be replaced, require extensive remodeling/repairs, or are otherwise substandard." During its 25th year of operations, Head Start was still experiencing serious and chronic facilities problems among some programs in all parts of the nation.

  -- The projected national cost of remodeling or repairs is in the range of $93 to $178 million. The estimated average cost to perform the work in a Head Start program is over $90,000. In ten of the states in which five or more Head Start programs reported cost data, the average cost of repairs/remodeling was estimated at over $100,000. Those states are California, Florida, Kentucky, Maine, Minnesota, Mississippi, New Jersey, Oklahoma, Tennessee and Virginia.

  -- A majority of Head Start programs that proposed long-term solutions to their facilities problems recommended that they be given the appropriate legal and administrative authority together with sufficient funds to purchase their own facilities.

  -- Head Start programs reported that they could more than double their enrollment if they were able to serve children in their service area who are otherwise unserved or who would benefit from Head Start services. Program expansion is accompanied by the need for additional suitable classrooms and centers. Many programs would continue to elect to serve at least some children and families primarily through the homebased model.

CMC's recommendations based upon study findings are:

1. The Administration on Children, Youth and Families (ACYF) should take steps to identify the facilities requirements in all Head Start programs, with priority attention to those facilities in most serious need of repair or remodeling.

2. NHSA and ACYF should collaborate in planning an appropriate long range response to facilities problems in Head Start. Regional and state Head Start associations should be included in such planning, whenever feasible.

3. Consideration should be given to authorizing Head Start programs to purchase facilities.

4. Plans for Head Start program expansion should include the need for additional suitable facilities.

5. ACYF should provide technical assistance to Head Start programs with regard to facilities, taking into account the innovative early childhood facilities planning and operations of the military and other organizations.

Study Description

The National Head Start Association (NHSA) conducted a survey of facilities in local Head Start programs during Fall 1990. Responses to the questionnaire were returned to NHSA beginning January 1991. A copy of the survey instrument is contained in Appendix A.

The survey included the following types of questions:

- Background data on the Head Start agency, such as type of program, enrollment, and budget.
- Information on lease/rental arrangements and rental costs.
- Numbers and conditions of centers and classrooms.
- Facilities in serious need of remodeling and/or repairs and estimated cost of doing the needed work.
- Estimated potential for enrollment expansion and additional centers and classrooms needed to serve all eligible children in the Head Start program's service area.
- Other information related to long range planning for Head Start facilities.

Collins Management Consulting, Inc. (CMC) was asked to analyze the survey responses and to prepare a summary report of the major findings (CMC had not been involved in the initial survey design but had an opportunity to make suggestions regarding the final wording of the questionnaire). This report was prepared by CMC's principal investigator for the study, Dr. Raymond C. Collins. Mr. Timothy Haran assisted in data entry and analysis. We are appreciative of the support provided by Mr. Don Bolce of the National Head Start Association throughout the project. Financial support for the study by the A. L. Mailman Family Foundation, Inc., is gratefully acknowledged.

In addition to the data contained in this report, CMC has provided to NHSA supplementary tables containing detailed state cost information.

A total of 602 Head Start grantees and delegate agencies responded to the survey or 32% of the 1,857 Head Start programs nationwide. (Note: Comparative data are based upon the Project Head Start Statistical Fact Sheet, January 1991, or other Head Start data, unless otherwise indicated. Head Start data are generally based upon the Program Information Report, PIR, submitted by local programs in June of each year.) Responses were received from all 50 states and from Puerto Rico, American Samoa and Guam. No responses were received from the District of Columbia.

Responses were received from all types of agencies administering Head Start. Community action agencies made up 40% of respondents; school systems, 15%, government agencies, 6%; other private/public organizations (such as churches and universities), 34%; and Indian Tribes, 5%. Sixty-five Native

American programs responded to the survey, 60% of all Indian programs. Thirteen (24%) migrant programs sent in questionnaires.

Geographic location of Head Start programs spanned metropolitan areas, 26%; urban areas, 33%; and rural areas, 41%.

Slightly over one-third of responding programs operated double sessions. Double sessions involves use of the same classroom to serve one group of children in the morning and a second group of children in the afternoon.

Thirty-five percent of responding programs provide at least some homebased services. This compares with 28% of Head Start programs nationwide (516 Head Start programs operated a homebased program providing homebased services to 34,100 children).

A methodological limitation of the study is the fact that the responses do not reflect a representative sample of Head Start programs. As a self-selected sample, the question is the extent to which respondents are representative of the Head Start universe nationwide or within particular states. Moreover, not all respondents completed all items, so there are missing data elements. We have attempted to take these considerations into account in our analysis.

While not technically representative of all Head Start programs, the reporting programs are believed to be generally similar to the Head Start universe. For example, funded enrollment in reporting programs on average was 284 children, almost identical to average funded enrollment in programs nationwide (285 children) as reported on the most recent PIR. However, the reader should keep in mind that median enrollment in all Head Start programs is only 176 children, with half of the programs serving fewer than that number of children (median enrollment in programs responding to the NHSA survey was 174 children).

On the other hand, the responding programs reported a smaller average number of Head Start classrooms (approximately 12 classrooms per program compared with over 16 classrooms for an average Head Start program). This discrepancy may be accounted for by missing data as well as the sizable numbers of homebased and rural programs, including Native American and migrant programs, responding to the NHSA survey.

CMC's conclusion is that the NHSA survey's principal findings generally present an accurate picture of conditions in Head Start facilities nationwide. The 602 respondents, accounting for approximately one-third of grantees and delegate agencies, are a sufficient data base to support the study's findings and recommendations.

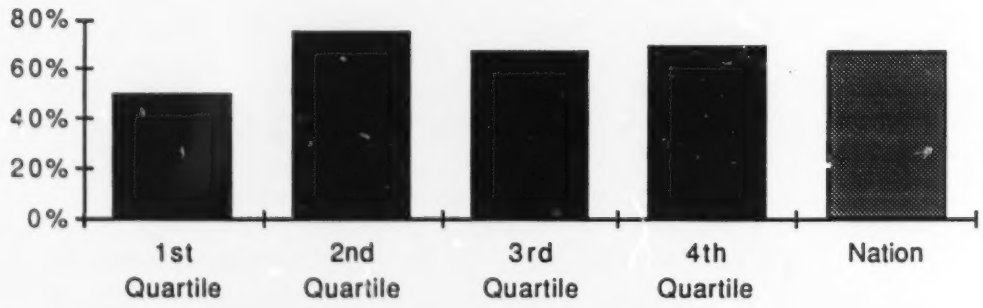
Major Findings

A Majority of Head Start Facilities are in Satisfactory Condition

Results of the survey are reassuring in that Head Start facilities are generally in good condition. Responding Head Start programs reported that they have an average of approximately six centers. Each center has approximately two classrooms. Programs reported that two-thirds of their centers (4 out of 6) are "generally satisfactory." Similarly, two-thirds of Head Start classrooms (8 out of 12 classrooms in programs that responded to that question on the survey) are "generally satisfactory."

Considering the condition of centers by size of Head Start funded enrollment reveals some important differences, particularly among smaller programs. The following figure highlights the proportion of Head Start centers that are reported as satisfactory by enrollment quartiles. The smallest one-fourth of Head Start programs (1st quartile) are those with funded enrollment ranging up to 102 children. The 2nd quartile includes programs serving 103 to 172 children. The 3rd quartile includes programs serving 173 to 320 children. The largest one-fourth of Head Start programs (4th quartile) are serving over 320 children.

Percentage of Head Start Centers Reported as Satisfactory by Enrollment Quartile



The smallest quartile of Head Start programs (average enrollment 66 children) reported that 50% of their centers were satisfactory. Programs in the second quartile (average 139 children) reported that 75% of their centers were satisfactory. Third quartile programs (235 children) reported that 67% of their centers were satisfactory. Fourth quartile programs (699 children) reported that 69% of their centers were satisfactory. For Head Start programs nationwide (average enrollment 284 children), as noted above, 67% of the centers were satisfactory.

These findings suggest that the majority of Head Start children are in facilities that are safe, that meet licensing standards and that are developmentally appropriate. This is a positive message indicative of the overall quality of the program experience that Head Start provided to the 582,325 children served during FY 1991.

Serious Facilities Problems Persist

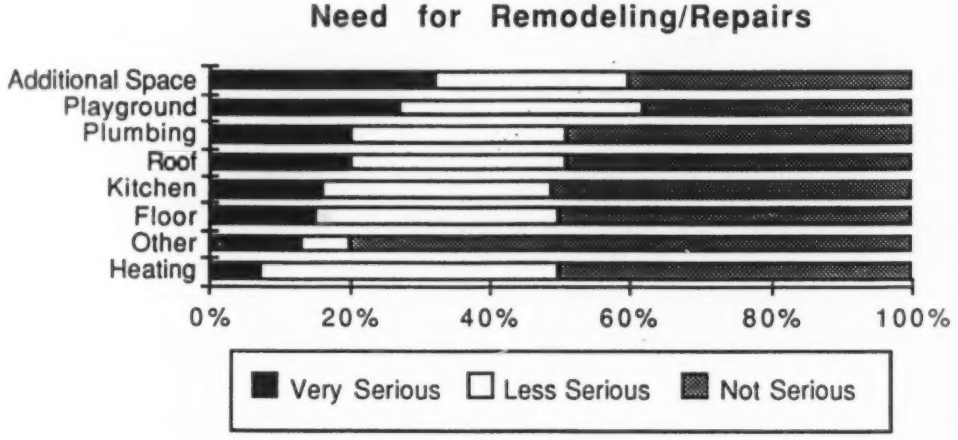
Notwithstanding these positive results, a careful examination of survey findings reveals serious and chronic facilities problems among a substantial number of Head Start programs. One-third of Head Start centers (and the same proportion of classrooms) "should be replaced, require extensive remodeling/repairs, or are otherwise substandard" in the judgment of local programs.

On average, Head Start programs reported that approximately two out of six of their centers were in poor condition, with one needing remodeling or repairs and a second center that was either substandard or in need of replacement. As might be expected, facilities problems are not evenly spread among the Head Start universe but tend to impact certain programs with particular severity.

Among those programs with centers in need of replacement, on average they reported that two centers (1.93 centers, to be precise) "should be replaced." For programs with centers in need of fixing up, three centers (2.57) required "extensive remodeling/repairs." For programs with centers they regarded as below standard, two centers (1.93) were reportedly "otherwise substandard."

Head Start programs were asked to rank in order of seriousness the specific areas in need of work for those centers that required remodeling or repairs. The eight choices in the order in which they were presented in the survey questionnaire were: floor, roof, heating, plumbing, kitchen, additional space, playground/outdoor facilities and other. A rank order of 1 was equal to "most serious," 2 was equal to "next most serious," and so on.

Responses of Head Start programs to areas in need of remodeling or repairs are summarized in the following figure. Those areas that received a priority ranking of 1 or 2 are grouped as Very Serious; priority rankings of 3 to 8 are Less Serious; and no priority ranking (including missing data) are Not Serious.



Approximately one-third (32%) of responding programs ranked the need for additional space as very serious. Other areas flagged as very serious were playground/outdoor facilities (27% of responding programs), plumbing (20%), roof (20%), kitchen (16%), floor (15%), other (13%), and heating (7%). The

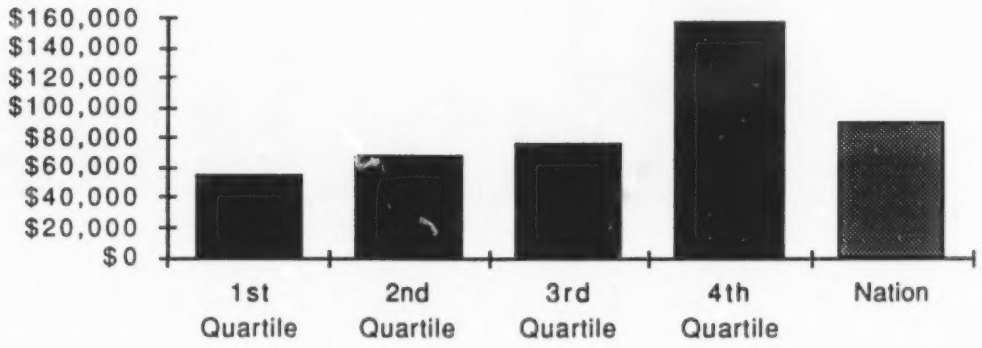
"other" category included such severe problems as the need to correct fire code infractions and deficiencies in electrical systems.

Keep in mind that the above figure only includes programs that reported that their centers were in need of remodeling or repairs. It does not include centers that programs reported "should be replaced" or "otherwise substandard." The need for remodeling/repairs only tells part of the story of what would be required to bring Head Start programs up to an acceptable standard.

Estimated Cost of Remodeling/Repairs

Programs were asked to estimate the total cost of remodeling/repairs of the specific areas ranked as in serious need of work. The costs nationwide and by enrollment quartile are summarized in the following figure.

Estimated Cost of Remodeling/Repairs



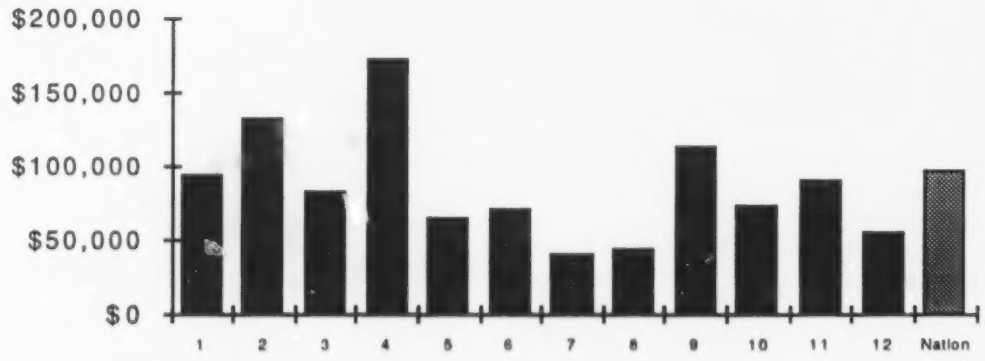
The average estimated cost of remodeling or repairs nationwide was $90,113 ($97,512 for those programs that reported detailed information on centers needing repair or remodeling). Costs tended to increase steadily by size of funded enrollment. Programs in the first quartile (serving an average of 66 children) estimated costs at $54,396. Second quartile (139 children) program costs were $67,743. Third quartile (235 children) estimates ran $75,637. The largest one-fourth of Head Start programs (699 children) estimated costs of the needed remodeling or repairs at $157,676.

Being confronted with serious cost pressures for facilities needing work is not new to the Head Start programs that replied to the survey. When asked how many of their "centers required extensive remodeling or repairs (include all instances in which costs exceeded $2,000)," 503 programs reported that over two of their centers (an average of 2.16 centers) had required extensive fixing up.

Regional Variation

Head Start is administered at the Federal level by ten Regional Offices of the Administration for Children and Families (ACF), ACYF's parent agency (at the time of the study, Head Start was part of the recently reorganized Office of Human Development Services which was absorbed by ACF), in the Department of Health and Human Services. In the Head Start Bureau at ACYF's Central Office, two administrative units have oversight of programs affecting Indians and migrants, the American Indian Programs Branch and the Migrant Programs Branch, respectively. The following figure provides information on the reported cost of repairs or remodeling by ACF region.

Estimated Cost of Repairs/Remodeling by Region



ACF Regional Offices are located in the following cities: Region 1, Boston; Region 2, New York; Region 3, Philadelphia; Region 4, Atlanta; Region 5, Chicago; Region 6, Dallas; Region 7, Kansas City; Region 8, Denver; Region 9, San Francisco; and Region 10, Seattle. Region 11 is the American Indian Programs Branch and Region 12 is the Migrant Programs Branch.

There is considerable variation in the average cost estimates by region of carrying out the needed repairs or remodeling, ranging from a high of $172,358 in Region 4 to a low of $40,446 in Region 7. The New York and San Francisco regions reported costs in excess of $100,000. The average cost for the nation was $97,512 among programs that reported on all of the relevant variables summarized in the above bar chart and detailed in the table below.

Estimated Cost of Repairs/Remodeling by Region

Region	Average Cost	Avg. # Centers Needing Work	Average # All Centers	% Centers Needing Work	# Reporting Programs *
1	$94,824	1	6	17	17
2	$133,370	1	8	13	27
3	$82,333	1	5	20	24
4	$172,358	2	9	22	45
5	$64,636	1	6	17	44
6	$72,025	1	8	13	20
7	$40,446	1	6	17	13
8	$44,182	1	3	33	11
9	$113,271	1	9	11	24
10	$73,346	1	6	17	13
11	$90,141	1	5	20	32
12	$55,327	7	12	58	9
Nation	$97,512	1	7	14	281

* Number of reporting programs and data for variables only refers to those programs that responded to all questions on this table.
Two programs did not indicate their region and are only included in the national totals.

While the average cost of repairs is a key factor, equally or more important are the numbers and proportions of centers that are in need of work. Nationwide an average of one out of seven (14%) centers requires remodeling or repairs. Facilities in migrant programs are in particularly bad shape, with seven out of twelve (58%) needing work. In the Denver region, one out of three (33%) centers was reported in need of repairs or remodeling.

The most authoritative evidence of the need for facilities improvement was provided in responses to the survey by Indian programs. One out of five centers in Indian programs was reported as needing work at an average cost of $90,141. Moreover, several Tribes operating Head Start programs provided detailed narrative documentation spelling out problems they faced in assuring safe and adequate space in classrooms, centers and other facilities.

The following comments reflect excerpts from the questionnaire supplement submitted by one Indian program describing the crisis the staff and board have attempted to address in facilities:

- *Existing facilities have been renovated over and over again to accommodate existing and occurring needs as the arise. The band-aid approach has not worked. The parents are concerned about the safety of their children. Teachers are equally concerned about providing quality education in conditions not conducive to learning.*

- *High winds in the winter totally shut down classes and bus services. There are no electrical hookups for vehicles during cold weather temperatures. The high cost of snow removal in and around the building is a big expense during extreme winter conditions.*

- *Attached to the administrative office and four classrooms are mobile trailers. Trailers have leaky roofs at times. Heating costs are extraordinarily high during winter months. Maintenance to the buildings is also high including sewer, ventilation and cleaning.*

- *The neighborhood problems extend over to the center, since it is located in the heart of a low rent project. Broken windows, playground equipment, and periodic breakins take a toll each year.*

- *The building is quite old. The building originally was designed as a ration house and then converted to a jail. It has been used for many purposes and now is the Head Start center for this community.*

- *The building was formerly the kindergarten room for the school district. A new school was built in their community, then the building was turned over to Head Start. There are no kitchen facilities in the building. The food is transported each day from the school to the Head Start.*

- *There is no room for the parents for meetings during the day.*

The above conditions are by no means limited to Indian programs. Indeed, many of these space problems could be found in Head Start programs under virtually any administrative auspices in any section of the country. The diversity of such conditions affecting Head Start programs at the community level is the underlying factor that accounts for the variability of cost estimates of repairs and remodeling of centers throughout the country.

State Variation

The following table summarizes the estimated average cost of fixing up Head Start centers by reporting programs in each state (Indian and migrant programs are included in these state data).

In addition to estimated costs of fixing up centers, the table includes the numbers of Head Start programs by states as a proportion of all programs within the state. In both Hawaii and Vermont only one program reported and failed to provide cost estimates. In all states, one or more very large programs with serious facilities problems can account for high average cost estimates. In order to assist the reader in assessing the generalizability of the reported cost data for specific states, the average funded enrollment for reporting programs is included in the table, together with the average funded enrollment for all programs in the state as recorded on the most recent PIR.

For example, in Alaska five out of five programs reported (100%). Hence the average cost estimate of $120,800 for repairs/remodeling is fully representative of programs within the state. Not surprisingly, there is close convergence between the enrollment reported in the NHSA survey by Alaska programs (234 children) and that on the PIR (230 children). At the other end of the spectrum, the reliability of cost estimates may be questionable for those states in which very small numbers and/or small proportions of programs reported, particularly when there is a substantial difference between the enrollment in programs responding to the NHSA survey and all programs in the state.

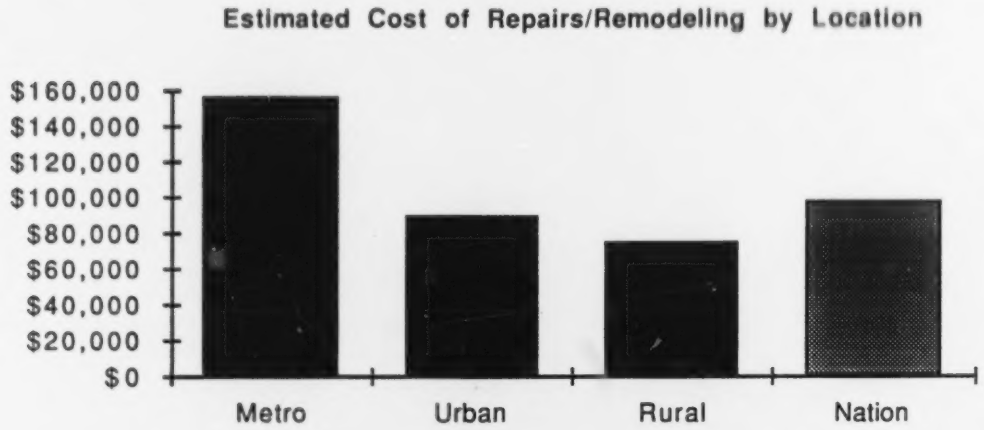
Considering only states in which five or more programs responded, the estimated costs ranged from a low average of $12,829 in Iowa, where facilities do not appear to pose serious problems, to a high of $443,125 in Florida. Other states in which Head Start programs are confronted by facilities in need of particularly costly repairs or remodeling are Mississippi ($311,126), New Jersey ($203,545), Minnesota ($146,000), Kentucky ($136,250), Tennessee ($131,000), Maine ($115,000), Virginia ($114,833), Oklahoma ($112,429) and California ($110,980).

		Estimated Cost of Repairs/Remodeling by State				
		# Reporting	# All		Avg. Enrollment	Avg. Enrollment
States *	Avg. Cost	Programs	Programs	% Reporting	Reporting Programs	All Programs
AK	$120,800	5	5	100	234	230
AL	$57,818	11	36	31	336	307
AR	$40,000	1	20	5	261	350
AZ	$41,600	5	19	26	340	230
CA	$110,980	25	137	18	413	328
CO	$56,875	8	27	30	172	203
CT	$76,429	7	28	25	160	160
DE	$200,000	1	5	20	477	223
FL	$443,125	8	46	17	647	367
GA	$89,125	4	43	9	424	304
HI	M	0	6	0	233	281
IA	$12,829	7	22	32	189	203
ID	$84,000	5	8	63	179	160
IL	$40,923	13	80	16	272	308
IN	$75,750	4	40	10	144	202
KS	$59,667	3	23	13	99	156
KY	$136,250	8	49	16	191	228
LA	$37,200	5	43	12	233	300
MA	$86,714	7	34	21	242	269
MD	$57,000	5	31	16	176	209
ME	$115,000	5	13	38	208	210
MI	$48,333	6	83	7	267	295
MN	$146,000	5	27	19	354	286
MO	$48,750	6	23	26	296	426
MS	$311,126	5	21	24	1,346	994
MT	$57,333	9	9	100	126	151
NC	$50,286	14	43	33	259	280
ND	$260,000	2	8	25	90	115
NE	$13,000	4	16	25	144	146
NH	$10,000	1	5	20	194	147
NJ	$203,545	11	33	33	367	296
NM	$35,714	7	24	29	102	177
NV	$22,667	3	4	75	186	205
NY	$82,550	20	148	14	182	193
OH	$76,250	16	76	21	355	364
OK	$112,429	7	23	30	292	352
OR	$28,875	8	20	40	177	188
PA	$98,864	11	64	17	320	294
PR	$83,564	7	35	20	717	612
RI	$50,000	1	8	13	114	260
SC	$45,000	5	15	33	475	526
SD	$200,000	1	7	14	85	186
TN	$131,000	5	27	19	433	368
TX	$88,750	14	86	16	497	341
UT	$35,000	4	11	36	470	241
VA	$114,833	6	44	14	170	154
VT	M	0	7	0	123	136
WA	$84,167	6	31	19	113	164
WI	$35,222	9	35	26	243	242
WV	$44,667	6	28	21	153	171
WY	$25,000	1	5	20	146	165

* PR = Puerto Rico. M = Missing. No reports were received from the District of Columbia

Geographical Location

A major factor influencing the reported cost estimates for fixing up Head Start centers was the geographical setting of the program, i. e., whether it was in a metropolitan area, urban area or rural area. Estimated costs for programs in different locations are reported in the following figure.



Metropolitan programs tend on average to face the most serious pressures of keeping up facilities with average cost estimates of $156,855, over one and one-half times the national average. Urban programs with reported cost projections averaging $90,064 are close to the national average. Rural programs tend to be lower in cost with average reported estimates for repairs/remodeling of $75,212. However, it should be emphasized that many rural programs serve quite large enrollments and some, in common with Indian programs, are forced to deal with severe facilities crises.

National Cost Projections

Based upon responses to the NHSA survey, the total nationwide cost required to fix up centers in need of remodeling or repairs is estimated to be in the range of $93 million to $178 million. Both projections are based upon the assumption that programs that responded to the survey are similar to the universe of Head Start programs.

The lower boundary estimate is calculated as follows. The projection c $93 million is derived based upon the 343 programs that provided estimates c. the cost of remodeling/repairs. These programs reported average costs of $90, 13 to perform the needed work, for a total of $31 million for that group of progra s. Even if one takes the extreme interpretation that none of the 259 programs t. at responded to the survey but failed to provide the cost information asked for in question 17 could be expected to incur costs for repairs/remodeling, the extrapolated national estimate would be $93 million (as noted above, the 602 responding programs represent one-third of all Head Start programs; three times $31 million equals $93 million). This is the most conservative estimate of

the cost of remedying identified facilities problems that could be developed assuming these survey data are valid and generally representative.

The upper boundary cost estimate is calculated as follows. The projection of $178 million is derived based upon the 281 programs that provided complete responses to questions about centers needing work, the total number of centers, and the cost of repairs/remodeling. These programs estimated an average cost of $97,512 to perform the needed work, for a total of $27 million for that group of programs. This estimate takes the contrasting interpretation that the programs that provided detailed cost and related information face similar facilities problems to those programs that failed to respond to some of the information asked for in questions 13 and 17. If 281 programs cost $27 million, then 1,857 programs could cost as much as $178 million. This is a liberal estimate of the cost of remedying identified facilities problems. It is not, however, the highest cost projection that could reasonably be developed based upon these survey data since, as noted above, these cost estimates do not include centers that "should be replaced" or that are "otherwise substandard."

Rental Costs

Average rental costs of $70,592 amounted to 6.8% of the total Head Start budget in responding programs. Thirty-five percent of rental costs were paid by ACYF Head Start ($24,666 on average). Non-Federal share accounted for 65% of total rental costs ($45,763 on average). Some programs reported rent paid by other sources, but it is difficult to calculate the exact proportion of rent actually represented because of missing values.

Nearly three out of four Head Start centers are leased, according to the survey responses. Most other centers are donated to Head Start. A small number of facilities are owned outright. Some Head Start programs occupied joint space with other child and family programs, such as family service centers.

Problems in Obtaining Adequate Centers

The survey requested programs to rank from most to least serious the problems they had experienced in obtaining adequate centers. A majority of respondents indicated that availability was their most serious problem. Other problems cited in decreasing order of severity were affordability, cost of renovations and zoning/licensing requirements. Miscellaneous other difficulties were specified by a small number of programs.

Centers Vacated within the Past Three Years

Nearly half of the respondents (46%) reported that they had vacated one or more centers within the past three years. Those Head Start programs vacated slightly over two centers (2.18 centers on average) during the three year period. A majority of the vacated centers (52%) had been remodeled or renovated for Head Start's use. For those programs providing estimates, the average cost of renovations was $27,758. Some of those expenses would have been paid for by Head Start funds.

The most common reason for vacating centers was at the landlord's request. Other reasons were cost increases, outgrowing the facility, zoning/licensing problems and miscellaneous other factors.

Lease Arrangements

The largest group of Head Start programs (45%) reported that their lease/rental agreements ran from 1-3 years. One out of eight programs (12%) had open ended or month to month leases. A similar proportion (12%) had leases lasting from 4-5 years. Very few programs (8%) had leases lasting six years or longer. Nearly one out of four respondents (23%) indicated a lease did not apply to their program.

Only one out of 10 programs that had lease arrangements included a provision to be reimbursed for any capital improvements they make to the facility.

Head Start Ownership

Comparatively few Head Start programs owned their own facilities or had facilities donated to them. Of survey respondents that had their own facilities, there was no clear pattern as to how such facilities were acquired. Some were obtained through city/county funds, state funds, donations or other sources. A handful were acquired through the Community Development Block Grant (CDBG).

Long-Term Solutions to Facilities Problems

Head Start programs proposed a variety of specific strategies to address their facilities problems. By far the most common recommendation was to provide the appropriate legal and administrative authority and sufficient funds to enable them to own their facilities. A majority (61%) of programs that responded to question 24, "What would be the best long-term solution to facility problems for your program?" argued for the ability for Head Start to purchase facilities. Ownership was favored by a majority of programs of all sizes, but was most popular among larger Head Start programs. Another solution mentioned by one out of seven respondents was the acquisition of mobile or modular facilities to use for classrooms or other purposes.

The following are some of the comments provided by Head Start programs with regard to long-term solutions to facilities problems:

- *We need resources to build and maintain quality centers. Many of our church facilities are dark, old and damp.*
- *Our county is increasing in population. Our schools are overcrowded and there are no empty school buildings that could provide space for Head Start. We need a centrally located building large enough to house 8-9 classrooms.*
- *We need to buy facilities. The amount of money paid in rent over the last 24 years is a waste of the taxpayers money. Once renovation occurs, you're lucky to keep the facility long enough to gain the benefit of the investment.*
- *We need to be able to purchase modular units to centralize our program and to add a parent center.*

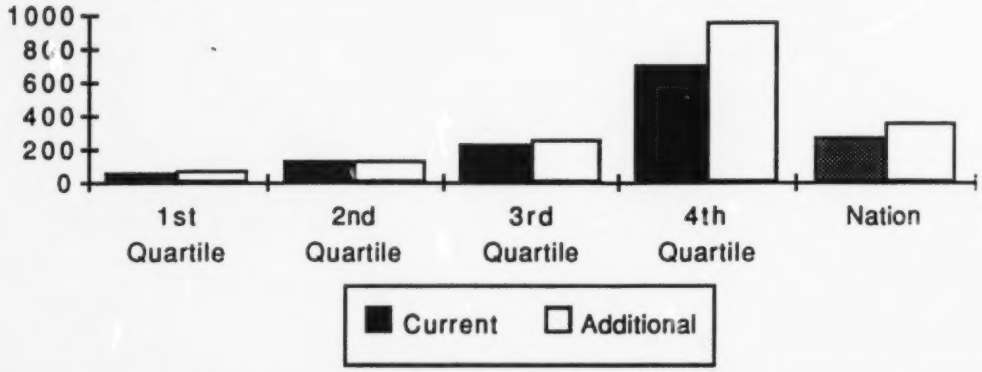
- *We need to acquire a new building that would be a combination Head Start and family center.*
- *We want to coordinate with the local public schools to house Head Start, parent education, preschool handicap programs, and kindergarten/first grade under one roof.*
- *We would like to be able to purchase buildings on a long-term lease/purchase option.*
- *The installation of portable buildings would probably be our only solution should we expand enrollment.*
- *We would like to purchase buildings in order to locate smaller facilities in the communities where the children live to eliminate transportation costs.*
- *We want to be able to offer the market rate for rent and not depend on donated space for the large part of our non-Federal share.*
- *The state preschool project is taking all the available space in the public schools. We are being kicked out of our best facility. We would like the grantee to be able to build facilities and then to rent from the grantee.*
- *We have paid enough rent over the past 25 years to own all the facilities that we occupy. There should be permission in the law to enable Head Start programs to purchase facilities.*
- *We would like to build facilities that could meet both child care and Head Start needs.*

Program Expansion

Head Start programs were asked to indicate the number of additional children they could serve in future program expansion and the additional centers and classrooms required to serve these additional eligible children. Survey question 14 was worded as follows: *If your program had sufficient resources to serve all eligible children in your service area who are otherwise unserved or who would benefit from Head Start services, what is the maximum number of additional children you would serve?*

The typical Head Start program indicated that it could more than double its enrollment (127% increase). On average this would require 6 additional centers and 15 additional classrooms in responding programs. The following figure summarizes the potential for expansion in Head Start programs by size of current funded enrollment (as of January 1991).

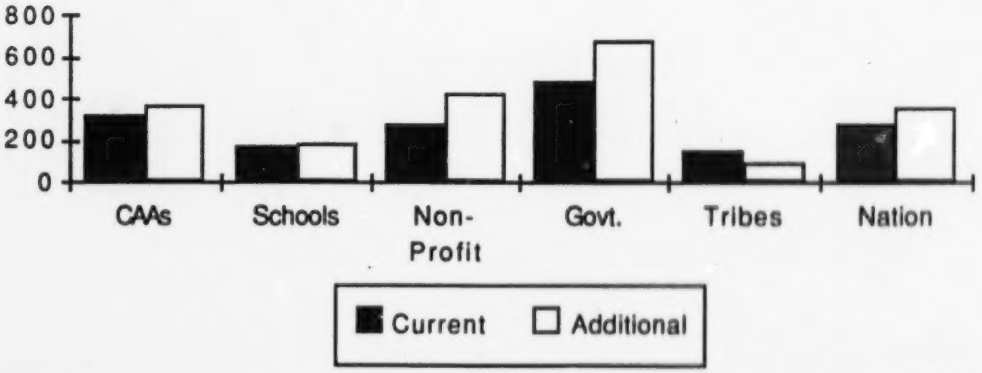
Current Enrollment and Additional Eligible Children



On average, programs reported that they could increase their current funded enrollment from 284 children by adding an additional 360 eligible children. The largest programs had the greatest capacity to grow. Fourth quartile programs had the potential to add on average 966 children to their current enrollment of 699 children.

Head Start programs in all areas of the nation reported a significant potential for program growth, irrespective of their administrative auspice. However, the type of agency administering Head Start had a direct bearing on the extent of growth forecast as reflected in the following figure.

Program Expansion by Agency Type

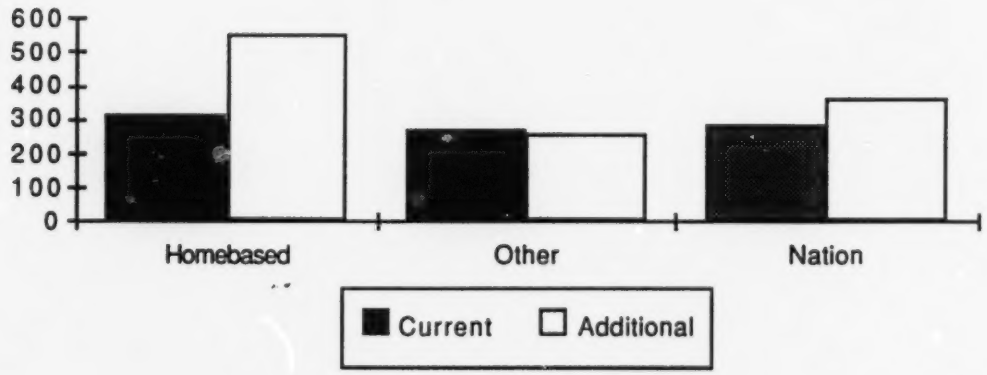


Government agencies (other than Community action agencies, CAAs) administered the largest programs (483 children) and reported a robust potential for serving additional eligible children (674) in the event of program expansion. CAAs operated the next largest programs (320 children) and indicated that they could serve an additional 365 children. Private/public non-profit groups (non-CAAs, including churches and universities) reported the greatest percentage expansion potential, adding to a current average enrollment of 282 another 428 children. School systems and Indian Tribes reported the smallest expansion potential.

Double sessions is a program model many Head Start programs have turned to as a way of making efficient use of space for the delivery of part-day services. However, programs operating double sessions reported only a slightly greater enrollment expansion capacity than other Head Start programs.

The homebased program model has grown steadily in popularity since it was introduced in the early 1970s. Head Start policy emphasizes that the primary rationale for providing homebased services should always be based upon an assessment that it is the best means of responding to the needs of specific children and families. However, the shortage of suitable facilities sometimes tips the balance in favor of the homebased model. Head Start programs operating some homebased services tended to have higher current average enrollment (310 children) and a substantially greater capacity for growth (553 additional children or 178% expansion) than non-homebased programs (adding to the 268 children presently served another 255 eligible children). The following figure illustrates the potential for expansion in homebased programs.

Program Expansion by Program Model



Conclusions and Recommendations

The NHSA survey provides a foundation for planning immediate and long range steps to upgrade facilities in Head Start. Such planning should be based upon the following major findings.

First, the majority of facilities are satisfactory based upon reports from the Head Start community. There is no empirical basis for concern that massive numbers of Head Start classrooms, centers and other facilities are in bad shape. On the whole, the physical environment for Head Start children is safe and developmentally appropriate.

Second, one-third of Head Start centers and other facilities "should be replaced, require extensive remodeling/repairs, or are otherwise substandard." During its 25th year of operations, Head Start was still experiencing serious and chronic facilities problems among some programs in all parts of the nation.

Third, the projected national cost of remodeling or repairs is in the range of $93 to $178 million. The average cost to perform the work in a typical Head Start program is over $90,000. In ten of the states in which five or more Head Start programs reported cost data, the average cost of repairs/remodeling was estimated at over $100,000. Those states are California, Florida, Kentucky, Maine, Minnesota, Mississippi, New Jersey, Oklahoma, Tennessee and Virginia.

Fourth, a majority of Head Start programs that proposed long-term solutions to their facilities problems recommended that they be given the appropriate legal and administrative authority together with sufficient funds to purchase their own facilities.

Fifth, Head Start programs reported that they could more than double their enrollment if they were able to serve children in their service area who are otherwise unserved or who would benefit from Head Start services. Program expansion is accompanied by the need for additional suitable classrooms and centers. Many programs would continue to elect to serve at least some children and families primarily through the homebased model.

Head Start programs nationwide administer a multibillion dollar facilities infrastructure. A majority of individual Head Start programs have estimated the price tag to carry out needed renovations and repairs in centers they operate as ranging from $90,000 upwards to several million dollars. Corrective action should be initiated immediately to address identified problems, many of which are severe and impact directly on program services to children and families.

CMC cautions that urgent action to address emergency facilities situations, of which there are many, be accompanied by long range planning to insure that facilities improvements are phased in without incurring excess costs. Some of the following considerations should be kept in mind in such planning. Facilities are an integral part of total Head Start operations at the community level and make a major contribution to (or serve to undermine) program quality. Often the choice of facilities, particularly during program expansion, can influence or

dictate who provides services, leading to additions or changes in the network of delegate agencies. Facilities comprise one of the principal sources of non-Federal share. If ACYF were to subsidize facilities to a much greater extent, as survey respondents strongly proposed, the impact on local capacity to meet the non-Federal share requirement must be taken into account. Moreover, the investment in upgrading existing classrooms and centers may not always represent a permanent improvement, since nearly half of Head Start programs vacate approximately one-third of their centers over a three year period.

Head Start has been a pioneer in the development of quality services for young children and their families in many areas including education, parent involvement, social services, health services, services for children with disabilities, homebased services and CDA (Child Development Associate) staff training. Facilities, however, is one area in which Head Start has not been looked to as a leader.

In order for Head Start to assume a position of leadership with regard to quality of facilities, the program will need to learn from other child care, early childhood education and family services programs. For example, the military have taken innovative steps with regard to early childhood facilities. They have developed a variety of standardized designs for quality centers that could be flexibly customized or sized to suit the requirements of a particular facility and target population. A creative attempt has been made to balance developmental appropriateness, quality programming, administrative feasibility, and cost. Technical assistance materials have been disseminated.

The General Services Administration (GSA) has also begun to address the issue of upgrading facilities as part of its overall strategy for introducing quality improvements in child care programs focused on Federal employees. GSA is in the process of developing a *Child Care Facilities Design Guide*. The *Guide* will be tailored to the needs of various groups involved in child care and is expected to include information helpful to Head Start programs. The *Guide* will be a standards document to encourage innovative design. Topics will include center layout, building materials, location, space analysis diagrams, playgrounds, safety, security, handicap accessibility, kitchens, utilities, administrative office space, classrooms, indoor gross motor rooms, parent conference rooms, and staff training/lounge areas.

The stakes are high in upgrading facilities both in terms of the implications for program quality and the magnitude of the accompanying price tag. The above considerations call for a balanced strategy that combines priority actions and prudent planning. CMC proposes the following recommendations for such a strategy.

Recommendation #1. ACYF should take steps to identify the facilities needs in all Head Start programs, with priority attention to those facilities in most serious need of repair or remodeling.

Recommendation #2. NHSA and ACYF should collaborate in planning appropriate long range responses to facilities problems in Head Start. Regional and state Head Start associations should be included in such planning, whenever feasible.

Recommendation #3. Consideration should be given to authorizing Head Start programs to purchase facilities.

Recommendation #4. Plans for Head Start program expansion should include the need for additional suitable facilities.

Recommendation #5. ACYF should provide technical assistance to Head Start programs with regard to facilities, taking into account the innovative early childhood facilities planning and operations of the military and other organizations.

Appendix A

NATIONAL HEAD START ASSOCIATION
Head Start Facilities Survey

Survey Instrument

National Head Start Association
1220 King Street, Suite 200, Alexandria, VA 22314
Tel: 703/739-0875 Fax: 703/739-0878

Head Start Facilities Survey
Fall 1990

1. State ____
2. Grantee funded primarily out of Native American Programs Branch? ____ Yes ____ No
3. Grantee funded primarily out of Migrant Program Branch? ____ Yes ____ No
4. Do you administer a Parent Child Center? ____ Yes ____ No
5. Geographic location (check one):

   _____ **Metropolitan area** (More than 50% of Head Start families located in (a) a central city of 50,000 or more; or (b) counties with a population of 50,000 or more related economically and socially to a central city and having a total population of 100,000 or more for the metropolitan area.)
   _____ **Urban** (More than 50% of Head Start families located in areas with more than 2,500 people or in a densely populated area surrounding a central city of 50,000 or more.)
   _____ **Rural** (More than 50% of Head Start families located in areas with fewer than 2,500 people.)
6. Type of Agency (check one):

   _____ Community Action Agency (CAA)
   _____ School System (Public/Private)
   _____ Private/Public Non-Profit (Non-CAA, e. g., churches, universities)
   _____ Government Agency (non-CAA)
   _____ Indian Tribe
7. Budget (Please provide Head Start information for most recent annual funding period):

   Total Federal funding from ACYF/Head Start _____
   Total Head Start funding from all other sources _____
   Total Non-Federal Share _____
   Grand Total Head Start Program Budget _____
8. Rental costs (Please provide Head Start information for most recent annual funding period):

   Total Federal rental costs paid by ACYF/Head Start _____
   Total rental funding from all other sources _____
   Total rental costs included in Non-Federal Share _____
   Grand Total rental costs in Head Start Program Budget _____
9. Funded enrollment (Please provide Head Start information for most recent annual funding period):

   Center-based Head Start enrollment _____
   Home-based Head Start enrollment _____
   Combined center-based and home based enrollment _____
   Total funded enrollment _____
10. Do you operate double sessions? ____ Yes ____ No

    If yes, how many children in double sessions? _____
11. How many centers do you operate? _____

    Of these centers, how many are in each of the following categories?

    Owned _____
    Leased/rented _____
    Donated _____
    Other arrangements _____ (Please describe) _____ ____
    _____
12. During the three operating years prior to Fall 1990, how many of your centers required extensive remodeling or repairs (include all instances in which costs exceeded $2,000)? _____

13. How many of your centers and classrooms fall in each of the following categories (report each facility only once)?

	Centers	Classrooms
Should be replaced	_____	_____
Require extensive remodeling/repairs	_____	_____
Are otherwise substandard	_____	_____
Are generally satisfactory	_____	_____
Total facilities	_____	_____

14. If your program had sufficient resources to serve all eligible children in your service area who are otherwise unserved or who would benefit from Head Start services, what is the maximum number of additional children you would serve? _____

15. How many additional centers and classrooms would be required to serve these additional eligible children?
Centers _____ Classrooms _____

16. Please rank from most to least serious problems your program experiences in obtaining adequate centers (most serious = 1; next most serious = 2; and so on):

Rank

_____ Availability
_____ Affordability (rental cost)
_____ Cost of renovations
_____ Zoning/licensing requirements
_____ Other (please describe) _____
_____

17. For centers that need remodeling/repairs, please rank from most to least serious the areas in need of work (most serious = 1; next most serious = 2; and so on):

Rank

_____ Floor
_____ Roof
_____ Heating
_____ Plumbing
_____ Kitchen
_____ Additional space
_____ Playground/outdoor facilities
_____ Other (please describe) _____
_____

What is the estimated total cost of all such remodeling/repairs? _____

18. Within the last 3 years, how many centers have you vacated? _____

How many of those centers were renovated/remodeled for your use? _____

Estimated cost of those renovations? _____

19. If you have vacated centers in the past 3 years, please rank the most common principal reason for that action (most common = 1; next most common = 2; and so on):

Rank

_____ At landlord's request
_____ Increase in rental costs
_____ Outgrew facility
_____ Zoning/licensing problems
_____ Other (please describe) _____
_____

20. Average length of lease/rental agreement:

_____ Not applicable
_____ Open ended or month to month
_____ 1-3 years
_____ 4-5 years
_____ 6-10 years
_____ 11-15 years
_____ 16-25 years

21. Do you include in the lease agreement a provision to be reimbursed for any capital improvements you make to the facility? ____ Yes ____ No

If yes, please describe the terms: _____

_____

22. If the Head Start program owns a facility, what resources did you use?

_____ Donated facility
_____ State funds
_____ City/county funds
_____ Community Development Block Grant (CDBG)
_____ Other (please describe) _____

_____

23. If the Head Start program owns a facility, what strategies did you employ to purchase the facility?

_____ Established a "third party" corporation
_____ Lease/purchase
_____ Other (please describe) _____

_____

24. What would be the best long-term solution to facility problems for your program?

_____

_____

_____

_____

Please return to

NHSA Facility Survey
1220 King Street, Suite 200
Alexandria, VA 22314